

R.N.

A JOURNAL FOR NURSES

SEPTEMBER 1912

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A JOURNAL **RN** FOR NURSES

Debts AND CREDITS

POST-WAR WORRIES

Dear Editor:

There are several thousand nurses in the military services at present. When the war is over many of us will have to return to civilian life where we shall need a license to practice in whatever State we find ourselves. If we go into foreign service what arrangements can we make to keep our licenses in this country? It is a well-known fact that nurses returning from the first world war were left without any aid whatever. Many had lost their licenses, received no financial assistance, and were dropped from the military forces to shift for themselves as best they could. And many hospitals would not take them because they had been away too long.

Ethel Booth, R.N.
Camp Sutton, N.C.

[Said Gertrude Banfield, assistant director, A.R.C. Nursing Service, "It is my impression that it is quite possible for nurses to keep us informed of their annual registration, wherever this is required, regardless of what State or country they may be residing in, providing they remit the necessary fees at the prescribed stated intervals. Certainly the mails between this country and the nurses in foreign service have been fairly adequate to date, and unless there is much more serious disruption throughout the progress of the war, it would seem that the nurses could communicate with their respective Boards of Examiners."—THE EDITORS.]

CLASSIFICATION 1-A

Dear Editor:

Your magazine always has been of much interest to me and now I feel that through it we may see some action and results long waited for.

I speak of the men nurses in the Army.

The Army classification boards don't seem to grasp the fact that we really are R.N.s the same as the women. I personally know of three cases where men nurses like me have the Army classification,

"litter bearer." This, of course, is an honorable job and has to be done, I agree. But on the other hand it seems strange to me that a person qualified in all respects the same as the girls, has to be doing this sort of work which anyone with a strong back could do.

When you pick up any paper or magazine you can't possibly miss the wailing about an acute shortage of R.N.'s. If that is so I just cannot understand why the Army classifies the men nurses as litter bearers! Of course it is a recognized fact that in sickness the feminine touch can do wonders. . . But this is war and what we want is to get these men back to health and to the battle front.

I see no reason why we cannot be fully recognized and why we cannot receive the 2nd Lieutenant rating, as the girls do. We are fully qualified and ready to work. I want to serve my country as best I can, as do millions of other true Americans. I think the best way to serve would be as a nurse in an Army hospital, since that's the work I know and truly love.

Pvt. Everard Hicks, R.N.
San Luis Obispo, Calif.

"SHORTAGE"

Dear Editor:

There are many nurses like myself, married, unencumbered, in their thirties, who—well aware of the critical "shortage"—are not only willing but anxious to return to active duty. There is a "but," though. . . Staff duty will have to be made more attractive than it is at present.

I have been actively engaged in nursing for the past twelve years, and I have spent six years on staff duty and staff relief in hospitals in two States. In practically all of the six years I was given at least seven patients, more frequently eight, and occasionally nine, to give complete care in the A.M. (treatments, nourishments, etc.) and numerous tasks in the P.M. To make things more interesting, when a nurse did not report for duty on her respective floor she was not replaced.



or Waste through the Intestines

Sal Hepatica plus water, in correct dosage, brings non-absorbable *liquid bulk* to the intestines. The bowel is gently flushed and peristaltic movement initiated. The action of Sal Hepatica is prompt and thorough.

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even when there were many nurses available at the time, but her work was divided among those who were on duty. At the end of the eight-hour day you were completely exhausted and not able to relax. . .

Are we asking too much when we ask for fewer patients and more time to do bedside nursing? We all have been taught it but have not been able to put it in practice for a long time.

When I "discover" a hospital where the demands are reasonable, I will be glad to do my part in the national emergency.

R.N., Detroit, Mich.

"THE SUMMONS"

Dear Editor:

Merle Perry has expressed my own sentiments on death so beautifully in her poem, "The Summons," [R.N., July] that I cannot refrain from sending an expression of my appreciation and admiration. I am sure that I shall be able to use her thoughts at appropriate times. . .

R.N., Pasadena, Calif.

[Other R.N. readers may be interested in knowing that Merle Perry is a graduate of the Warren City Hospital training school, Ohio, class of 1914. Her poetry has appeared in many magazines and has won several national prizes and honors. She writes, "I honestly believe that I am a better nurse because of my poetry. Whatever it is that makes me write certain poems is something that patients sense and draw from at once, although few know that I write. This brings me to my strong conviction that what nurses need more than anything else is a deeper, more sympathetic inquiry into life. . . because there, I believe, lies the origin and the cure of so much illness."—THE EDITORS.]

PARTING SHOTS

Dear Editor:

I would like to add my comments in answer to the letter in your June issue, signed "Hospital Aide." I have talked with several graduate nurses and we all wonder how she can possibly criticize anyone who has had three years' training in comparison with her six weeks?

If I had had as little education in the basic principles of nursing as she has had I would hesitate to criticize anyone in the nursing profession. She referred in her letter to nursing as a "racket," but de-

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SEPT.—R.N.—1942

Honestly, I forget I have feet
in beautiful Red Cross Shoes

And imagine such blissful comfort
in such good-looking shoes



SERVICE SHOE

*Red Cross Shoes are
preferred by more
registered nurses than
the next five brands
combined, according
to a survey by
Registered Nurses Magazine*



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Safer because easier to clean

spite that she feels that she is doing her duty during the emergency by helping in the hospital. I do not consider that she is very patriotic if she's in the hospital as a critic rather than an aid, and I feel that this type of a person is more of a detriment than an asset to the hospital staff.

R.N., Waukegan, Illinois

THREE CHEERS

Dear Editor:

Come on, let's tell the Army nurses how much we appreciate them. I don't think they are being encouraged enough. We others must keep up the home front, caring for those who return, those who will be going to war, and those who make supplies. We all have a job and I hope we do it well. But the Army nurses are certainly making the most splendid contribution.

You would no doubt be surprised to know that quite a number of the soldiers that are here for medical training, read R.N. and enjoy it.

(Mrs.) May Hardin, R.N.
Aurora, Col.



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A WIDE RANGE
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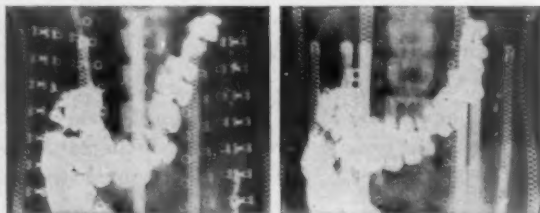
Spirella's exclusive principle of design is the answer. It provides natural support without constriction . . . and the patented Spirella Modeling Garment enables physi-

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Usually no two people agree on where to measure an uncorseted figure, but the exclusive Spirella Modeling Garment eliminates all possibility of guesswork.

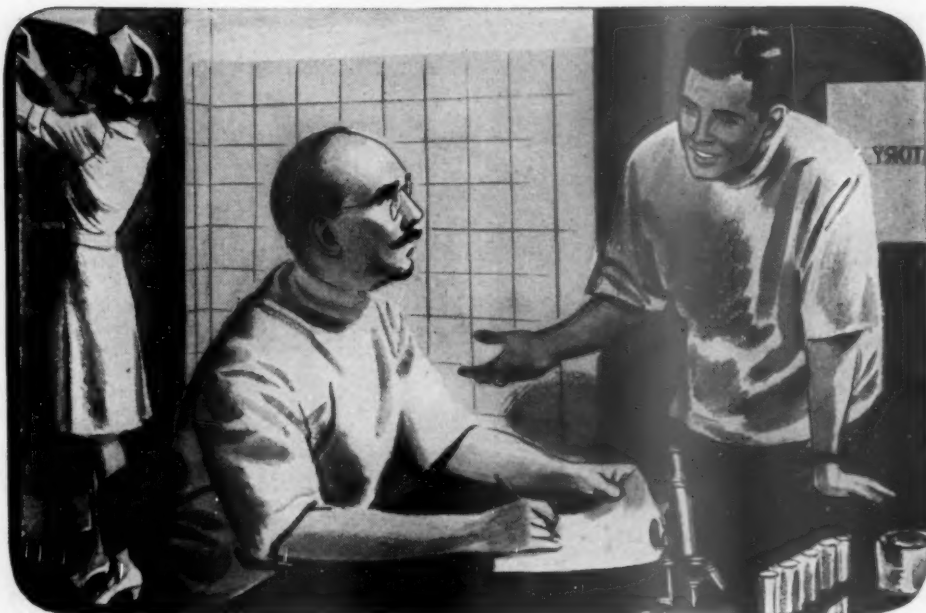


X-RAYS SHOW RESULTS. The left plate is the colon of a normal woman with Spirella Modeling Garment adjusted to doctor's specifications. Hepatic Flexure lay $3\frac{1}{2}$ " above iliac crest, and lowest Transverse Colon $1\frac{1}{4}$ " below. The right X-ray is the woman in her individually-designed Spirella. Hepatic Flexure lay $3\frac{1}{4}$ " above iliac crest, and lowest Transverse Colon 1 " below—the same excellent support received from the Modeling Garment!

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By appointment at your convenience, the Spirella Corsetiere in your community will gladly demonstrate the Spirella method of producing individually-designed health supports. Or write Dept. 5-4, The Spirella Company, Niagara Falls, N. Y. In Canada, address The Spirella Company Ltd., Niagara Falls, Ontario.



QUESTION: Which of the essential nutrients is most frequently involved in nutritional failures?

ANSWER: It is not possible to incriminate any one of the essential nutrients as being most frequently responsible for nutritional failure (1). Some ten or more nutrients have been reported as being the first limiting factor in various dietary regimes followed in this country. However, the deficiency considered to be most serious varies from one section to another, and even with the nutrient receiving the most attention at the moment.

Although opinion regarding the specific nutrient most frequently supplied in inadequate amounts varies, it is generally agreed that inclusion of liberal quantities of the "protective" foods in the diet should be the basis of any program designed to eliminate malnutrition (1, 2). In diets designed to supply liberal amounts of the essential nutrients many of the readily available economical canned foods may well be included.

American Can Company, 230 Park Avenue, New York, N. Y.

(1) 1939, Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U. S. Gov't Printing Office, Washington, D. C.
1939, U. S. Dept. Agr. Circular No. 507.

(2) 1941, U. S. Public Health Reports 56, 1233.
1940, J. Am. Med. Assn. 114, 548.
1938, Ibid—111, 1846.
1938, J. Am. Dietet. Assn. 14, 1
1938, Ibid—14, 8.



The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association

The Medical Relations Division
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MEDICAL DATA IS DERIVED FROM
THE EVERY-DAY RECORDS OF
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ESTABLISHING THE
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SEPT.—R.N.—1942

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QUESTIONS AND ANSWERS ABOUT VITAMINS

Suggested by a recent A. M. A. report
on the usefulness of multi-vitamin preparations*

*Jour. A. M. A., July 18, 1942; pp. 948-9

Q. What recent developments have won official recognition for multi-vitamin preparations?

A. (1) The fact that vitamin deficiencies rarely occur singly, (2) the improvement of diagnostic methods, (3) the new knowledge regarding human vitamin requirements, (4) the progress in the isolation of vitamins and (5) the considerable advances that have been made in methods of manufacture.

Q. How do multi-vitamin preparations fit into the nutritional picture?

A. Every effort should be made to obtain food rich in vitamins, but it is often necessary to supplement dietaries with multi-vitamin preparations to treat nutritional deficiencies.

Q. What are the formula standards for multi-vitamin preparations upon which official medical acceptance is based?

A. The formulas of such preparations should contain vitamins in proportions related to the minimum daily requirements for adults, as defined by the U. S. Food and Drug Administration. These daily requirements are:

Vitamin A	4000 USP units
Vitamin B ₁	1.0 mg.
Vitamin B ₂ (Riboflavin)	2.0 mg.
Vitamin C	30 mg.
Vitamin D	400 U. S. units
Vitamin P-P (Nicotinic Acid)	No value stated**

**The Food and Nutrition Board of the National Research Council recommends 10 mgs. of Nicotinic Acid for adults.

★ ★ ★ ★

Q. Now—how do Vimms meet these standards?

A. 3 Vimms supply the full FDA minimum of every vitamin (including 10 mgs. of Vitamin P-P), as well as one-half the day's requirements of Calcium, one-third of Phosphorus and the full daily minimum of Iron.

THE VIMMS FORMULA

Vitamin A	5000 USP units
Vitamin B ₁	1.0 mg.
Vitamin B ₂	2.0 mgs.
Vitamin C	30 mgs.
Vitamin D	500 USP units
Vitamin P-P (Nicotinamide)†	10 mgs.

And in addition, Vimms supply:

Calcium	375 mgs.
Phosphorus	250 mgs.
Iron	10 mgs.

† Nicotinamide is the preferred form of Vitamin P-P.

Q. And how do Vimms measure up to the recommended allowances of the National Research Council?

A. The Vimms formula was designed to bring the average diet up to or above the high vitamin-mineral recommendations of the Committee on Food and Nutrition (now known as the Food and Nutrition Board) of the National Research Council.

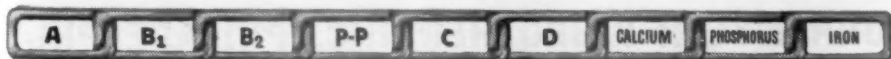
Q. What other advantages do Vimms offer the physician?

A. The 6 vitamins and 3 minerals in Vimms are all combined and stabilized in one palatable tablet. They are constantly checked by chemical and biological assay. Three tablets supply the full daily minimum vitamin requirements. The daily intake can therefore be prescribed in either fractions or multiples of these amounts at the physician's discretion.

Q. What do patients like about Vimms?

A. Price, palatability and convenience. Vimms cost less than any product comparable in type and potency (50¢ for 24 tablets; \$1.75 for 96 tablets). Vimms taste good. No fishy or yeasty aftertaste. Each Vimms tablet is individually sealed in moisture-proof, spill-proof, dust-proof Cellophane.

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Wyeth's

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MEMO FROM THE EDITOR . . .



● Washington tells us that nurses still are not signing up with the armed forces fast enough.

A statement like that is enough to discourage you from reading further. We don't blame you. We are as tired of writing about the continuing "shortage" as you must be of hearing about it. You know and we know that hundreds of R.N.'s have already gone into foreign service. Evacuation and base hospital units formed from the medical and nursing staffs of leading hospitals in cities from coast to coast have already been activated. And, to be very conservative, more than a thousand nurses a month are joining the first reserve of the Red Cross nursing service. You are doing your part in the war effort—and the fact that it is still not enough does not mean you should not have credit for it.

Why is your contribution to the war inadequate to date? There are many answers, some factual, some merely speculative. At least one is the fact that our Army and Navy are growing faster proportionately than are enrollments in the Army and Navy nurse corps. More and more men are being sent overseas—and nurses must go to take care of them. . . . And with enlarged training camps there is a vastly increased demand for Army and Navy nurses within the United States.

But there is another reason. The nurse recruitment machinery, we think, contains a few loose bolts; it is not producing twenty-four hours a day like the majority of our defense industries. Although the unassigned first reserve totals some 20,000 nurses, this figure is very misleading, for a large portion of these women, according

to the Red Cross, "most probably cannot serve."

If they cannot serve, why are they classified as first reservists? The A.R.C. writes, "We are attempting to reclassify the reserve into two groups, those who are available for service and upon whom the Army and Navy have a right to count, and those who are legitimately deferred. This is a rather slow process but when accomplished will give us a much more accurate picture of what our potential Army and Navy nurse reserves are." We are not being critical because we know as well as you do that Red Cross officials are carrying a tremendous load, working against a million and one obstacles, and have already done a fine piece of recruitment work. But in our opinion a wartime first reserve should be made up only of R.N.'s who *can* serve—and, very probably, only of R.N.'s who are *willing* to serve.

We point out the facts so that you may take the situation in your own hands while Washington goes through the long slow process of reclassification. Our recommendation to every R.N. considering war service and eligible to serve is this:

Do not join the first reserve unless you are ready to go into active service. This is war and the entire color of professional nursing has changed from peaches and cream to blood. This is war and you cannot sit home and wait for some local emergency in which to function as a first reservist. You are needed in a variety of ways. When you join the first reserve, be ready to go into action. Forget that highly advertised comment, "Enrollment in the first reserve obligates one to serve only if she can *arrange* to do so."



1. From Britain's experience comes the warning that bombings hasten childbirth. Maternity Center Association now teaches nurses how to handle emergency deliveries, has developed a simple but complete obstetrical kit.

2. The kit includes towels, gowns, gloves, and other

Obstetrics in

• First aid classes are learning the rudiments of artificial respiration, air raid wardens are being trained to extinguish incendiary bombs and control crowds, while newspapers and radio give complete details on conduct in an air raid. But, the new baby, clamoring for entrance into a world at war, has no set rules of conduct. He has a habit of appearing during moments of stress when facilities are at lowest ebb. England has studied this emergency and given us valuable information. To meet our own possible emergencies many nurses are reviewing the technique of delivery for they know that they must be ready to attend—often alone and under difficulties.

Hormones and pregnancy.—Endocrinology has changed the obstetrical picture in recent years. A brief review of some of the new developments should refresh your mind on the background for OBS. care.

Pregnancy is actually a continuation of the luteal phase of the menstrual cycle. Estrogen and progesterone, the female hormones, are produced by the corpus luteum and the placenta [R.N., April 1941]. The final stage of the cycle is evidenced by rhythmic contractions of labor which expel the products of gestation that were begun at the time of fertilization of the ovum. Medical scientists are still trying to find what it is that prevents emptying

of the cases. mechanical monal labor by R. parturual acatural, and ccontrol those those structThe luteum been when



2. The kit contains two blankets, sterile towels, gauze sponges, cord ties and dressings, vaseline, absorbent cotton, rubber gloves, apron, scissors, mask, baby clothes, and other immediate necessities.



3. On the scene, nurse improvises bed with blankets for mother. Then she prepares the kit case (right) to serve as cot for baby, puts on her apron, and dons sterile gloves before delivery.

Wartime

of the uterus before term in normal cases. Much has been learned of its mechanics through the study of hormonal action, but the cause of onset of labor is still not known. Recent work by Reynolds leads to the belief that parturition begins as a result of gradual accelerating convergence of structural, humoral, nervous, nutritional, and circulatory factors. He groups the controlling factors into two groups—those which stabilize pregnancy, and those which stimulate the muscular structure of the uterus (myometrium).

The stabilizing factors are the corpus luteum and the placenta. The first has been shown to prolong pregnancy when conditions prolong its life. The

placenta is believed to either prolong the life of the corpus luteum or to take over its function by supplying a hormone of similar chemical makeup.

The principle stimulating factor is estrin. Clinical evidence shows that this hormone stimulates uterine activity with variations in time and effect. It is believed that estrin causes the amniotic fluid to be progressively absorbed during late pregnancy. The fetus therefore occupies the place formerly occupied by the fluid, thus causing greater distention of the uterus. This tends to increase irritability of the uterus and expulsion is made easier on a body that is no longer floating. Some observers believe that the nervous mechanism



within the uterus is also involved in the mechanism of parturition. Chemical changes also take place and it is believed that the female sex hormones influence calcium and other forms of metabolism.

Premature rupture of membranes.—It is known that the musculature of the uterus is progressively resistant to any type of labor induction prior to term. This reaches the highest degree between thirty and thirty-two weeks. Premature rupture of the membranes is an emergency that may occur in distressing times. Studies show that the percentage of maternal morbidity is low in these cases when treatment is conservative. Despite the increase in number of operative deliveries in these cases the percentage of mortality or morbidity does not appear to increase. If, however, the membranes have been

ruptured over 55 hours there is a high fetal mortality from pneumonia among infants at forty or more weeks of gestation.

Abortion.—During an emergency, incomplete abortion may progress to the point of hemorrhage. This, of course, requires emptying of the uterus by a physician. There is grave danger of infection as the condition may have been present for several days.

When abortion is threatened, the usual treatment of bed rest, sedation, elevation of foot of bed to lower abdomen, and ice bags are instituted. Present day information now considers endocrine and vitamin therapy. Progesterone and related compounds have been found most successful. Use of thyroid and vitamin therapy are more valuable in habitual abortion than in the care of threatened cases. Opiates are

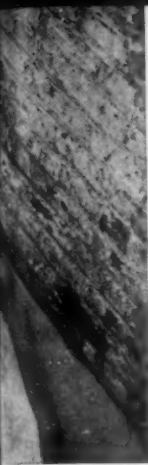
6. *Water from thermos and bouillon from a tube in the kit make a cup of nourishing soup for the mother after baby arrives. It is cooked over "canned heat," also from the kit.*



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4. Hot water bottle to keep baby warm is placed under the blanket in the "cot," improvised from one-half of the kit. The other half is used as a sterile table for dressings.

5. Already everything is under control and "mother and child are doing well." This nurse may say it with more pride than in routine hospital deliveries. She did a good job, alone!

believed to produce a state of relaxation of the cervix which tends to increase the chances of abortion in a threatened state.

Transfusions.—Complications from wounds or onset of shock may indicate need for a transfusion. However, severe and often fatal reactions from such therapy are common during pregnancy and the puerperium. Indiscriminate giving of whole blood during pregnancy is to be discouraged. Of course, there may be occasions when the emergency is so great that the reactions cannot be considered. But, in cases of mild shock with only moderate blood loss, in the toxemias of pregnancy and post-operatively, intravenous glucose or plasma will probably serve the same purpose with far less danger.

When anemias result from pregnancy or abortions there may be errors of

grouping due to so-called "pseudo-agglutination." Increased blood volume as an added strain upon an anemic myocardium may result in a fatality. Transfusions during puerperal sepsis are also known to have a high percentage of reactions.

When either glomerular or tubular kidney damage is present, as in toxemias of pregnancy [R.N., March 1940], reactions are high.* Agglutinins deviating from normal are high in the pregnancy patient and may cause severe reactions. If whole blood transfusions are imperative there are several factors that must be checked carefully. The usual method of cross-matching should be replaced by the centrifuge

*In 1940 The American Committee on Maternal Welfare adopted a classification of these toxemias. The grouping under "toxemias of pregnancy" was considered a misleading and loose designation.

International News Photos



7. Baby is tucked snugly away as nurse puts silver nitrate drops in his eyes. Later, ambulance moves mother and child to hospital. Two lives are saved for the future.

method of Levine. In this the patient's serum and the donor's cell suspension are incubated for 30 minutes at 37 degrees. They are then centrifuged at low speed for one minute before reading in the usual Landsteiner method. When this is necessary the laboratory should be informed that the patient is pregnant so that they can exercise special care in selection of donor, apparatus, and collection methods. The patient should be prepared by alkalization of the urine in order to prevent precipitation of acid hematin in the kidney tubules. Potassium bicarbonate has been successfully used in toxemias. Daily examination of urine, further laboratory tests and frequent temperature and blood pressure readings should be made.

In 1905, Di-nst advanced a theory for the cause of eclampsia. More recent work which continues his theory states that there is a greater tendency to abortion when the husband and wife have different blood groups. This is explained by the fact that a woman carrying a fetus which inherits certain antigens from the father, which are not present in herself, may become sensitized to her child. Tests indicate that she may therefore suffer a series of small blood transfusions as some of the fetal blood may enter the maternal circulation. Levine has shown that antigens and antibodies may pass through the intact placenta. As these antibodies increase in the mother reaction to the fetal blood or antigen present in the blood may increase. Therefore, when

HOW TO ANCHOR A CATHETER

By William Glannetti, R.N.

● Most nurses at some time require a satisfactory method of anchoring an indwelling urethral catheter. A variety of catheter anchorages have been designed and used, but from my own personal experience I believe the method used on urological service at Bellevue Hospital in New York is the most efficient. Steps in the application of this anchorage are herewith enumerated chronologically. The diagram to the right should help you visualize the procedure.

Step 1. Figure 1A is placed so that it encircles the penis, just behind the corona, in the coronal sulcus. This strip of adhesive must be applied snug enough to keep it from slipping anteriorly over the corona, yet, not so tight as to cause a consequent edema. This initial step must be done carefully, as it is of extreme importance for the success of the anchor.

Step 2. Figure 2 is placed on the inferior or under surface of the penis, adhering one of the "wings" proximally to Fig. 1A, and distally to the urethral catheter. This to be done with the catheter in a straight

line in its relationship to the urethra.

Step 3. Figure 3 is placed directly opposite to Fig. 2. The body of this strip to be adhered to Fig. 1A and the "tails" to be spiraled, criss-cross, on the catheter. The purpose of the small tab of gauze, is to keep the adhering surface of the adhesive from coming in contact with the glans surface.

Step 4. Figure 1B is placed over Fig. 1A, making certain that the posterior flaps of Fig. 2 and 3 are incorporated.

Step 5. Figure 4 is spiraled, starting one-third inch anterior to the meatus, progressing anteriorly on the catheter, covering the anterior flaps of Fig. 2 and 3.

The outstanding features of this anchorage are:

The one-third inch clearance anterior to the meatus insures free drainage of urethral secretions, which are always present as a result of a foreign body being placed in the urethra.

Figure 2 is semi-rigid, and will function as a support for the catheter, thereby eliminating, to a great extent, irritation of

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the father is selected as donor special compatibility tests should be made.

To repeat: the pregnant or puerperal woman is most susceptible to transfusion reactions. Except in dire emergencies the donor should be selected with special care and the patient prepared by alkalization.

Breast discomfort.—During an emergency it may be necessary to control lactation. There is some question as to the use of estrogens or androgens. The former delays onset of full lactation when given in massive doses. The estrogens do not hinder the uterine mucosa in covering its denuded surface, but the androgens do. Definite choice of these two has not yet been determined.

Diethylstilbestrol, the synthetic es-

trogen, has been used orally to prevent painful engorgement of the breasts without noticeable interference with lactation. There are some reports of nausea of more or less intensity, but general belief is that the percentage is not large.

More recently methyl testosterone has been used. This brings about a drying up of the breasts with a minimal amount of discomfort. It is given orally in divided doses over a period of 36 hours starting about 36 hours after delivery. It may also be given after the actual onset of the secretion with good results. With this method there is no need for purging, tight breastbinders, icecaps, sedatives, or limitation of fluids. The puerperium is not other-

[Continued on page 36]

the meatus. Also, this support will prevent the catheter from doubling upon itself during movement of the patient.

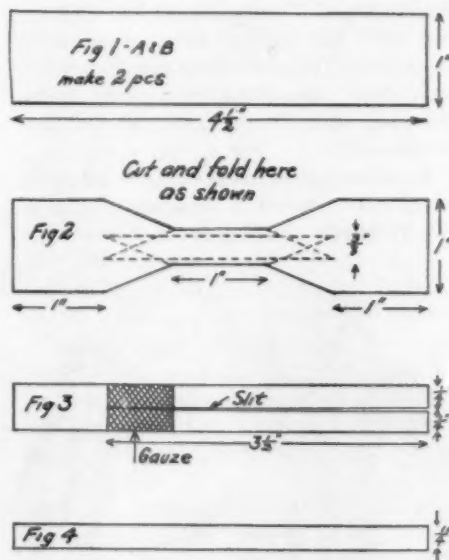
There is no adhering surface on the glans.

The construction and application are very simple.

I suggest that any skin surface which touches adhesive be painted with one or two coats of compound tincture of benzoin. This prophylactic precaution will reduce to a minimum skin irritation and blister formation.

An accepted technique in the care of a catheter case is to remove the catheter every three days, not replacing it for four to six hours. During this period, extreme care is to be taken to keep any dribbling from reaching skin surfaces. Gentle anterior urethral irrigation, before inserting catheter, using acriflavine or potassium permanganate one in five thousand (1:5000), should be done.

A No. 16 French catheter will be sufficiently large in uncomplicated cases. Where there is hemorrhage or purulent urine, the size of the catheter will have to be as large as the condition demands. Q-4-h irrigation of the bladder will minimize infection, and at the same time reduce catheter stoppage.



A simple, yet effective method of removing adhesive from the catheter, is to soak the catheter in a warm, weak solution of green soap for a few hours, using gauze dipped in benzine or ether to remove the last vestige of adhesive.

EMERGENCY, UNLIMITED -

By ROXANN

• Sometimes it seems to me that nursing is all work and no pay.

I thought so especially this past summer while working in the Emergency Room. In spite of Mr. Nelson, Mr. Henderson, the ubiquitous tire thief, et al, tourists were still in flower. War-time and weekends were as irresistible as ever to the road-hog, the dare-devil, and the "see-America-firsters." And vacationing kiddies, God love 'em, aped the forces of Generals Stillwell, Timoshenko, and the gallant MacArthur. But with the kiddies there were more casualties. Then, to the tune of a wailing siren, the broken legions came trooping into the Accident Room. Remember it?

In case you've forgotten, or happily never experienced, a summer on Emergency, here's the lowdown. Comes the

patient—they *rarely* come singly—and nurses spring to activity. Internes are dragged bodily from osteology conferences. What's an osteology conference? Tsk, tsk—rolling the bones, or crap games to you backwoodsmen.

First of all, you meet the taxpayers from the forty-seven other States who have a casual attitude toward the slogan, "If you drive, don't drink—if you drink, don't drive." They meet one of our native sons, forcefully, at a busy intersection, and fenders, accents, and family histories fly in all directions. Presently, the floor of the Emergency Room is swimming in catsup.

The funny part is that though the victims are a pulp, the cars bent to the shape of pretzels, and the tires—ah, the tires—reduced to the stench of scorched rubber, nobody was going more than fifteen miles an hour and the traffic light was green, both ways. As for chivalry, huh! If it was a case of Boy Met Girl, the male gender will take a fire-eating look at the female and sneer, "Women drivers. . ." followed by unprintable observations, not quite under his breath. That's your cue to reach for another roll of bandage and extra strips of adhesive. You're going to need them!

You'll probably need some for yourself, too, unless you've been down to Mulligan's Gymnasium and learned some quick footwork. A few of these alcohol-lighted characters would just as soon take a poke at a nurse as not. That's when I love the lads in blue who have learned the art of applying a



"The voluntary drownees don't always relish having been saved..."

nightstick in the interests of silence. One cop plus one nightstick plus one tough patient equals peace on earth.

Another type of Constant Visitor is the dark-skinned boy who argues it out with a razor, grabbed in one easy motion from a sleeve or a shoe. Nobody needs to give him pointers on the art of carving; let anybody chisel in on his gal or his fun, and cold steel flies.

Then there are the emergencies that have been brewing for twenty years, which always seem to boil up when I have the finger on me for emergency duty. I mean the Caspar Milquetoasts who let the Little Woman (weight at ringside, 250) push them around for half a lifetime and then one scorching but happy day bash their tormentors with a tire iron. By the time the Happy Family has reached the hospital, however, habit has reasserted itself and Caspar is burbling, "I did it in self-defense," instead of sticking his chest out and waiting for Carnegie to pin a medal on it.

Occasionally, too, we get a Joe Masters. Joe had the kind of heart that should have been supported in a Gatch



"Summer is when the kids really come in to their own..."

bed with bathroom privileges prohibited. He signed more autographs than Tyrone Power—but his were on releases from every hospital in town after hairbreadth escapes from the jaws of death.

When Joe was rushed in with his *nth* attack, you could hear the flutter of angel wings, or their infernal equivalent, since Joe spent about half his time behind bars of one kind or another. He hadn't been in the Emergency Room two minutes when he checked out for a doubtful hereafter. Immediately Mrs. Joe set up a howl.

"My poor, dear Joe," she wailed. "You've killed him—you've murdered him." This went on with variations for an hour, mostly to the effect that she was going to sue the hospital. It took three nurses, a doctor, and a quarter of morphine to calm her down. And was she grateful for our efforts? You guess!

Speaking of gratitude, one of the orneriest patients I've ever known was Phil Nash. Phil came gasping in one summer night on the arm of a relative and yeped, "Get a stomach pump, quick! I'm dying—I drank wood al-

[Continued on page 40]



"Let anyone chisel in on his gal or his fun, and cold steel flies..."



• Does a nurse dare not be at the peak of physical condition in these days when any moment may demand undreamed of energy? Can a nurse who is not physically fit do the job required of her by the present war situation?

You all know the answer. Of course she can't. National authorities recognize this—and that is why the physical requirements for nurses serving with the armed forces are kept so high.

Every nurse, whether civilian or military, must take as good care of herself as does the Commando, the pilot, the submarine commander, the shock trooper, the parachutist. Every fighter must be fit, but these specialist fighters have an extra need for prime fitness. So, too, has the nurse. Her job demands just as

much strength, control, exactness, swiftness of reaction, courage, and fresh morale as does theirs.

You may say that a nurse gets plenty of exercise walking about and tending the sick every day.

I say that those routine tasks are just that—routine. They utilize only a given set of muscles. The others waste away or grow fat. Complete attention to all the muscles of the body and rigid attention to the processes of circulation and elimination are demanded also.

This means that every nurse should daily pay attention to her own condition. You know that a host of minor troubles arise from simple neglect. A cranky nurse is no bargain for a nerve-wrecked and bullet-pierced soldier. A

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By Harold J. Reilly

for Health

nurse careless about fat hips and acid indigestion may know her technical ability is adequate. But she simply cannot do as good a job as she could were she to get rid of excess fat and logey circulation.

How to get and keep fit?

Well, to get right at it, here are three simple but excellent exercises to reduce fat, build a good corset of muscle, stimulate the functioning of all the organs, and make you glow. They will not only give you strength. They will also make your legs, body, and arms much more attractive. Try them—every day.

EXERCISE 1

Stand with your right side to a chair. Place your right foot on seat of chair. Put weight of whole body on right foot, lifting left foot off the floor a few inches, and balancing body with right hand on back of chair. Now, with right knee bent, raise body up by straightening right leg and assisting with pull of right arm. Hold this mid-air position for a count of five.

Now slowly let body down, bending right knee, until buttocks rests on right heel. Now put left foot on the floor and relax a moment. Repeat this same exercise three to five times with right leg. Now turn left side to the chair and do this same exercise using the left leg to raise the body.

Increase height of lift from chair gradually and increase number of times you lift body up until you can do it ten times.

EXERCISE 2

Sit on the chair with both feet flat on the floor. Grasp the left shin with the left hand, just below the kneecap, thumb up. Pull the left leg up as close to the chest as possible. Hold this position for a count of five. Now, slowly lower leg to the floor an inch at a time by control with the left arm.

Repeat this same exercise with the right leg and arm. Do this alternating left and right ten times. Increase number of times you do it until you can do twenty-five lifts [*Continued on page 44*]

"Ask Miss Torrop"



BY HILDA TORROP, R.N.

Q. I have been inactive in nursing since my marriage in 1929. Now I feel I ought to make a contribution to the war effort and, as a matter of fact, have been giving Red Cross first aid instruction a few hours every week. I feel, however, I should do more than this. I am 55 years old but my feet are the oldest part of my body and I know I could easily contribute four or five hours of bedside nursing a day. What and where in hospital work do you think I would be most useful?

A. Four hours a day, five days a week is a substantial block of nursing service. It would seem advisable to volunteer for bedside nursing since you have had no preparation for executive work. In so doing you would make yourself immediately available and the director of nursing service could use your assistance wherever it was most needed. You are wise not to try to do more than you have discovered you can do efficiently.

Make inquiries of the local hospitals regarding refresher courses.

Q. We recently had a discussion here as to the etiquette of signing "R.N." after our names in social as well as professional correspondence. Some nurses feel that the R.N. signature is an affectation, except in incidences having to do with nursing, but I maintain a right to

use it because I worked hard to earn it and I am proud of it. Do you think that constant use of the "R.N." on personal correspondence tends to cheapen or unfairly advertise the term registered nurse?

A. Don't you feel that our professional and private lives both gain in stature if we separate them? When on vacation I am sure you do not advertise yourself as a nurse. You want to be liked and enjoy yourself *as a person*. I have heard many teachers and nurses express themselves forcibly on this question.

If the possessor of a doctorate signed his name "John Doe, PH.D." when writing you a personal letter what would your reaction be? I think that is the answer. If we are to be regarded as professional people, the "R.N." should be carefully guarded and associated with our professional life.

Q. I wonder if you could find out if nurses in the Army may ask for transfer and receive transfers to other posts at this time; if so, how this may be done.

A. It is perfectly ethical to request a transfer. A chief nurse naturally dislikes the implications that may be attached to an unusually large turnover. Mere desire for change or dislike of some petty difficulty is not sufficient ground upon which to base your request. Application should be made in writing, addressed to the chief nurse with the request that it be forwarded to the appropriate officer.

Q. I'd like very much to join the Army Nurse Corps, but my size is worrying me. I'm five-feet-six, but weigh 200 pounds. Is this too much for the Army? Could you tell me the regulations about weight?

A. A regulation scale is, I believe, in use that considers age, weight, and height. You know overweight is just as much of a handicap in civilian life. Why

not find out from your doctor what he thinks your weight should be in relation to your age, height and occupation. Make application to the Red Cross and you may be agreeably surprised.

Q. I have read with interest what has been said about introducing a speaker but the *afterwards* is my problem! It sounds so flat just to say "thank you" as so many people do. What is my responsibility after the meeting is over?

A. Say something practical, sincere, and appreciative. Do *not* refer to the speaker's words as "a message" unless the meeting is evangelical in character. If she has thrown light on a subject, if she has aroused enthusiasm or interest, say so and be specific in your comments.

If the speaker shows an inclination to remain to meet members of the audience, you should stay close at hand to introduce them and to move on those who would monopolize his attention. If refreshments are being served, you will see that the guest is served promptly. You, or someone so delegated, escort the speaker to the door. If she is a woman you assure yourself that a car is at hand to take her to the station. Be well posted on transportation facilities if the speaker is from out of town. Your farewell should be as warm

as your greeting. Avoid the inference "You came—you spoke—we paid you—finis."

Q. I am a registered nurse of Great Britain, have taken post-graduate work in New York at the Manhattan Eye Ear Nose and Throat Hospital. Also psychiatric nursing in New York and maternity in Atlanta, Georgia.

I am to become an American citizen the beginning of the year and I wish to become an R.N. in California or some one State in America. I have written for my requirements from England, but my school is now out of existence.

A. First make up your mind in which State you intend to apply for registration. The requirements vary considerably but you will be advised by the State Board of Nurse Examiners of that State. If you cannot obtain proof of early education in England from teachers or the school it might be worthwhile to get two sworn statements from relatives or school-mates testifying to the name of school, location, years and length of schooling, adding also the fact that they knew you *during these years*. If the post-graduate work was in the form of a recognized course you will be able to obtain a record of it. Experience gained as a staff nurse will not be credited.

PROBIE



"Please pass the ration."

"Our



1. Aides meet "Mrs. Chase" during training period, learn to make beds without disturbing her unduly. They bathe her, rub her, bind her, and care for the equipment requisite for her cure and comfort. Here a doctor's wife, a lawyer's wife, and a social secretary study the intricacies of draw sheets and hospital corners.



2. Blue and white jumper uniform augmented by cap and pin, aides are graduated to ward duty where they assist R.N.'s in routine tasks. Majority give nine hour's service a week in three three-hour periods. Patients like cheerful and willing services performed by aides, say they have improved hospital morale by relieving overburdened nursing staffs.



3. During training period aides work on medical, surgical, and pediatric wards, give valuable assistance thereafter. They do not handle sterile supplies but learn the importance of protecting them. They do assist with unsterile dressings; set up, clean, and put away equipment. On reporting for duty, aides are assigned to busiest wards, often help R.N.'s with treatments.

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Gal Friday

By Anne Goodrich, R.N., and Jean DeWitt

• "Our hospital could not survive the present emergency without the help of our American Red Cross nurse's aides," writes one R.N. reader.

"We can't say enough in their praise," says another.

"Nurse's aides are a threat to the nursing profession," emphatically states a third.

"Although dogs are tabu in hospitals, a nurse's aide took hers to work with her," reports a society columnist.

No wonder some R.N.'s are still confused as to the status and value of this volunteer corps! To straighten out the tangle, R.N. went to Red Cross headquarters in New York City and talked with Marcella Devlin, nurse director of Nurse's Aide Service of Manhattan and the Bronx. We made a surprise visit to a class in training, and spent a day at Lenox Hill hospital, photographing aides at work. Here's our report:

Red Cross volunteer nurse's aides are hand-picked by a staff of trained inter-

viewers who have themselves passed the eighty-hour course. Recruitment is under the auspices of the American Red Cross and the United States Office of Civilian Defense. Candidates must be between eighteen and fifty; must pass certain stringent physical requirements; have a high school education or its equivalent, and serve *without pay* at least 150 hours in each year. They are trained in groups of not more than thirty by a registered nurse instructor and at all times their hospital work is under the supervision of graduate nurses.

The training period is divided into two units, Unit I comprising thirty-five hours of lectures and demonstrations of elementary nursing procedures, and Unit II forty-five hours of supervised practice in approved hospitals. Completion of the twenty-hour First Aid course is also required. The registered nurse instructor keeps careful records and grades students on practical work.

Pix by Goodrich

4. *Hustle and bustle of A.M. care is greatly relieved by aides who give baths, make ether beds, chart intake and output, take T.P.R.'s. Although volunteers, and representative of all classes of society, aides are neither dilettantes nor prima donnas. They carry bed-pans and flower vases with equal poise.*

[Turn the page]





At the end of the eighty-hour period a written examination is given and colored caps and Red Cross volunteers' pins (neither to be confused with the R.N. cap and pin) awarded to successful candidates. Individual records are kept in duplicate, one at the local chapter house and the other at national headquarters. Work assignments are made by the local Red Cross chapter, with consideration of personal choice.

The objective of the course is "to train a corps of resolute, dependable women as volunteer aides to nurses to meet emergency needs in hospitals, emergency field units, and health organizations."

5. "H'ist!" and between them a student nurse and aide boost a sliding patient higher on his pillows. Aching feet, that chronic student complaint, have been eased somewhat by presence of volunteers in hospitals with training schools.

In August, Miss Devlin reported that Manhattan and the Bronx had a total of 1,250 trained aides who had been active during the past year, and 570 trainees. Of the trained aides, 978 had taken their course under the new syllabus, revised after Pearl Harbor. Thirty-eight hospitals in the area utilized their services. Without exception—hospitals, nurses, and patients were loud in their praise of this new corps of volunteer workers.

Specific ways in which aides serve as the R.N.'s "gal Friday" are illustrated in the accompanying photographs taken at one of Manhattan's finest hospitals, Lenox Hill.

6. Nursing aide personnel consists of business girls, lawyers, teachers, and artists, as well as housewives. Working girls patriotically give evenings, Saturdays, or Sundays to their hospital activities. Here a newspaper reporter gives P.M. care.



7. "On a smile patient as sports he quarter volunteer want to gested fit into ily and from th

8. The Hill bo ter com turning shelves about a high acteris "Abilin respect to acco purpos liabilit

9. Pr aides have own, d and sp pleasa

10. nurse' name but in comes over-u R.N.'s receiv aides their ance ed, s date volun fense

7. "One pound gained" brings a smile to student nurse and patient as well as to aide who supports her (left). Red Cross headquarters finds that majority of volunteers love their work and want to give more than the suggested nine hours weekly. They fit into hospital situations readily and become a functional unit from the first day of service.

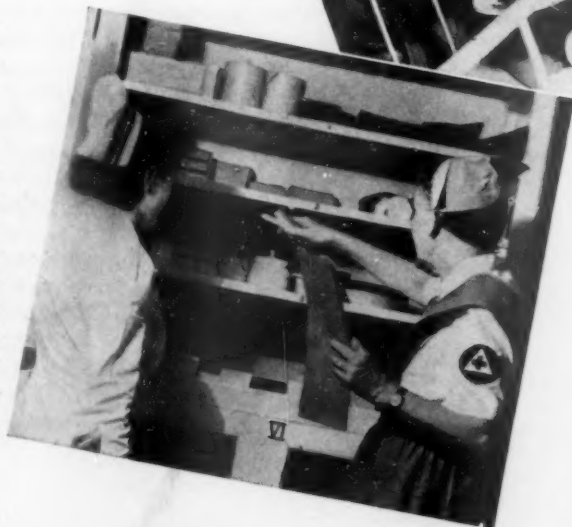


8. That functional unit at Lenox Hill boasts a mother-and-daughter combination (right) here returning clean linen to the proper shelves. Each is enthusiastic about her job; each possesses to a high degree the personal characteristics required by Red Cross: "Ability to keep a confidence, respect for authority, willingness to accept direction, sincerity of purpose, personal integrity, reliability, and poise..."



9. Preferred assignment of most aides is to the nursery. Many have had youngsters of their own, and feeding chopped meat and spinach is a familiar—and pleasant—routine.

10. A Red Cross volunteer nurse's aide is exactly what the name implies. She is not a threat, but in times of emergency becomes an invaluable asset to the over-worked hospital machinery. R.N.'s like the one opposite, who receive their help, claim that aides seldom, if ever, over-step their bounds. They give assistance when and where it is needed, seek no recognition, and to date have made the greatest volunteer contribution to the defense of our national health.



THE *Magic* IN MILK

By Carolyn Valentine, B.S.

• There is no shortage of milk in America!

While all other countries are restricting the use of milk and milk products, our Secretary of Agriculture says, "We need to consume more dairy products in this country for health, and the British will need tremendous quantities of cheese, evaporated milk, and dried skim milk. . ."

He has called for an estimated 8,200,000,000 pounds increase over 1941 milk production. And, because we are the greatest dairy nation in the world, our farmers are responding to this demand—and they will succeed. No other country in the world would even dare to attempt such production.

Out of our tremendous production we have an increasing number of products other than the plain fresh milk. When the milk is skimmed, the butter

churned and the cheese made, we have skim milk, buttermilk, and whey remaining as the so-called waste products. If the skim milk is subjected to the casein process we have even more whey remaining. These products are rich in proteins, minerals, vitamins, and lactose.

Whey, the by-product of cheese and casein, contains mineral salts, albumin, lactose, and water soluble vitamins. In spite of the fact that over 50 per cent of the milk solids of the milk are present in whey we throw away millions of gallons each year. Thanks to the Department of Agriculture and State experimental stations (and more recently private industry) we now know several ways to preserve the high values in this "by-product."

The casein, or curd of the milk, is finding some almost unbelievable new uses. The glossy paper on which many magazines are printed is probably coated with casein. That grand cold-water house paint with bright clear colors, the sprays you used during the summer against insects, the soft dressing for your new pair of shoes, the glue that holds wood tightly together, may be and probably are made from casein. The fancy lapel button you just bought is fashioned from a casein plastic. There is a new casein fibre (called





"Elsie," courtesy The Borden Co.

aralac) which is so similar to wool that the remark has been made, "we have taken the rabbit out of the hat."

The basic raw material, casein, is really the protein of the milk which, for centuries has been used to make cheese. The early Egyptians, Greeks, Romans, and Chinese used small amounts for glues and paints. Today we know that the method of precipitation of the casein tells the story of what kind of casein will result. Because casein is a protein the chemistry is complex and careful treatment must be used to produce the final product.

But the medical and pharmaceutical have real use for this same casein. For nutritional, biochemical, and chemical research a vitamin-free casein is used. Certain caseins and caseinates are also used in a number of foodstuffs and medicinal preparations. Film-forming caseins are used as coatings for cellophane and glassine bags and wrappers for several products. By hydrolysis of casein or lactalbumin we have a product with a meatlike flavor that is used in sauces and gravies. This milk protein hydrolysate can also be used as a consommé, either hot or cold.

Lactose or milk sugar may be removed by liming, heating, and concentration under vacuum for crystallization. Washing and redissolving, treat-

ment with charcoal, filtration, and recrystallization gives the U.S.P. grade of lactose. Pharmacists use it to form tablets and many babies owe their lives to lactose in the formula. Confections and proprietary foods also find lactose an important ingredient. Today this same lactose is being also used as a stabilizer for explosives, preservative for fats, oils, and latex, and as a material for plastics.

Pure lactates from the whey have only recently been possible. By fermentation, the crude lactic acid or its salts have been made for several years. Now, lactic acid, calcium lactate, ferrous lactate, and other derivatives are produced. Purified calcium lactate, treated with sulphuric acid and other processes, gives us lactic acid for infant feedings, extracts, beverages, confections, bread, pickles and sauerkraut, yeast manufacture, treatment of leather, dyeing industry, plastics and resins.

The calcium lactate when purified is used in the treatment of calcium deficiencies, hay fever, hemophilia, hives, tuberculosis. Formerly we imported much of this product, but today our domestic product exceeds in purity the very best of imported grades. The same milk product is used in metallurgical industries and in the manufacture of baking powder. Ferrous lactate, also made from lactic acid or its salts, is a more palatable iron salt used in the treatment of secondary anemia. Ferric lactate is being used in many homes today as the form found in the enriched flours and breads. And this same lactate in combination with other metals is finding a wide variety of new uses daily.

When the manufacturer decides to add riboflavin or B₂ to a tablet he may do it with a riboflavin adsorbate. This is made by treating whey under controlled conditions so that a large proportion of the riboflavin is adsorbed by Fuller's earth. After removal and drying, the concentrate is a potent source of the vitamin. [Continued on page 56]

Science

IN THE NEWS

VITAMIN-HUNGER

● British scientists who noticed that wild birds went for the dog-rose in a big way, analyzed the berries and found that they were 20 per cent higher in vitamin C content than oranges. People are now collecting seed pods to make jam and purée which has a flavor similar to tomato purée. American workers like their vitamins, too, reports Westinghouse Electric and Manufacturing Company. They have been serving "victory lunches" which follow the food-for-freedom diet rules. Employees have shown a decided preference for nourishing foods such as fruits and milk for mid-shift snacks. Demand for oranges has tripled and the employees are now eating 50 per cent more green vegetables, 25 per cent more salads, 10 per cent more milk, and have doubled the consumption of carrots and lettuce.

The busy bovine may supply her own lining for milk cans. The U.S. Department of Agriculture has invented a lacquer made from lactic acid.

TYPHOID DECLINES

● The *Journal of the American Medical Association*, August 8th, reports that there was a significant decrease in deaths from typhoid in large cities of the United States during 1941. While in 1940 there were twenty-four cities with typhoid death rates exceeding 1.0 per hundred thousand population, in 1941 there were only eleven such cities, the *Journal* reveals.

Among the eight geographic divisions into which the country is divided, the East North Central cities (population 9,386,378) hold the best record. Of the eighteen cities included in this area, six reported no deaths for 1941. There were nineteen deaths for that year in the group as a whole, and the death rate, 0.20 (0.35

in 1940), is the lowest rate thus far attained by any group of cities.

Deaths recorded for each city included those among non-residents as well as residents. The report states that "it is apparent that some cities are far more liberal than others in their attitude in accepting for hospitalization cases of communicable disease from the neighboring rural areas. In some instances legal circumstances compel the city to accept cases from the county."

American Indians have used dried beef and vegetables for a long time. Now they are helping the Government develop improved ways to dehydrate food for war-time uses.

SKIN TESTS

● Dr. Milton Levine and Dr. David State of the University of Minnesota warn that skin tests should be made before transfusions of blood plasma. A small amount of the plasma is injected into the skin of the patient's forearm. If a wheal appears within ten minutes it shows sensitivity. Reactions such as headaches, difficulty in breathing, stomach pains, fever, and skin rash have been reported contrary to the belief that cross matching is not necessary in plasma transfusions. The substances causing these reactions might be allergins, iso-antibodies, or groups A and B substances.

Tents are now treated with copper naphthenate to prevent mildew.

NATION'S HEALTH

● The U.S. Census Bureau has just announced the lowest death rate in the history of the United States. Most decreases occurred in the rural areas. Greatest decreases were in the District of Columbia.

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Idaho, and Vermont. Greatest increases were in Arizona and Virginia. The U.S. Public Health Service reports that as a whole the nation's health is good. Only shadows at present are dysentery, meningitis, anthrax, and infantile paralysis. Texas has high number of bacillary dysentery cases. Meningitis has been higher each week than for the corresponding week of any year since 1937. Weekly total in the nation runs about sixty cases. Most of these are in the East although the disease is not yet epidemic. Several cases of anthrax have been reported, but no cases of plague. Anti-plague activities of the federal health service are working strenuously. Some investigators reported a large number of Norway rats along roadsides and around farm buildings in the Plains States, but to date no plague germs have been found on them. However, these rats are potential reservoirs of the disease. The Public Health Service is also destroying plague-infected ground squirrels and other rodents on military reservations and airfields in the West and Northwest.

By redesigning the Army five-gallon water can there is now a saving of 70 to 80 per cent in shipping space.

PAIN-KILLER

● Dr. Joseph P. Osterloh reports in the *Journal of the American Dental Association* that the pain of "dry socket" after extraction can be relieved by injections of vitamin B₁. Pain ceased in 69 per cent of the cases within twenty to thirty minutes after injection. Injections were given into the buttocks for best results. It is thought that a very small increase in concentration of the vitamin was needed in the tissues to overcome the severe pain associated with this condition. In a number of cases the vitamin was given by mouth some days ahead and then by injection after extraction with better results.

Dry skim milk has all the food values of fresh milk except fat and vitamin A.

DOPE

● Due to war conditions there has been a shortage of smuggled narcotics—therefore the number of addictions has decreased. However, there has been an increase in attempts to steal the drugs from

stores and warehouses. Many addicts are taking cures now because of shortages. Price of raw opium is estimated at nearly \$600 per pound. Illicit heroin available from illicit sources is now mostly milk sugar and so highly diluted that it is almost valueless. The Japs who were active in unlawful importation of the death-dealing drugs are now busy with other matters. Added to this condition, the sale of legal narcotics is further hampered by new laws in many States. This tends to conserve the supply for medical use.

The average American soldier now weighs 152 pounds. During the Civil War he weighed 136 pounds.

NO BANANAS?

● The race through cities and countries to bring bananas to celiac sufferers is not so serious as the press has led the public to believe. The Harriet Lane Home for Invalid Children, Johns Hopkins Hospital, Baltimore, reports that they have used strained fruits such as apples, apricots, and pears for some time instead of bananas, and with success. There is also a new amino-acid milk preparation on the market and a dried banana powder can be used. In celiac disease the infant cannot absorb fat and has trouble digesting starch and sugars. Bananas are successful because the monosaccharide form of the carbohydrate can be digested. However, there is no need to worry as there are substitutes.

World population is expected to increase by 250 million in the next twenty years, despite the war.

VINO

● Wine does not make a man drunk as fast as whiskey because it contains certain buffer substances which slow down absorption; alcohol from wine does not reach the blood so fast as alcohol from whiskey. Belief that soda with whiskey will aid in neutralizing is not true as the carbonated beverages are themselves acid. Experiments have been made by Dr. Henry Newman and associates at Stanford University School of Medicine.

Farsightedness is the most common visual defect in American school children.

MESS OF POTTAGE

BY ELIZABETH W. HARD, R.N.

● *"Now we will hear from the brave nurses who were on Corregidor."*

The pudgy white hand lowered the volume of sound from the radio, then hesitated over the open box of chocolate creams, before dropping on its owner's fat thigh.



Back in 1936 her best friend had railed at Amy Holbrook for resigning as operating room supervisor to take Mrs. Beaumont's case. The patient had a tricky heart and plenty of money, and Amy thought she might as well benefit. John—who had urged her to become a nurse—had said it was wasting good material, but it meant an easy time now.

When they travelled, Mrs. Beaumont enjoyed Amy's bubbling enthusiasm for new sights. When she had to be quiet Amy babied her and Mrs. Beaumont lapped it up. She called Amy "my dear" and hinted at a codicil to her will. Amy beamed—and gained weight. Together they laughed at each increase in the size of her uniforms, though sometimes Amy had qualms when she stood before the mirror. For a few days she would frantically roll and starve, but there were so many good things to eat—and then, too, Mrs. Beaumont liked a plump nurse.

The fall of 1941 brought questionnaires from her hospital alumni association and the Red Cross. Amy was uncomfortable. Of course she wanted to do anything really necessary for national defense, but perhaps it was all hysteria. Hysteria which made her favorite brother enlist in the Navy.

She questioned him diffidently. "Of course there is a need for nurses," John replied, eyeing her with an unpleasantly calculating look, "and you might fit

in, though you know you've let yourself get rusty on hospital technique, and you're soft and—fat."

That night Amy rolled for ten minutes, but she was so breathless afterward she decided she'd better get Dr. Farnham to listen to her heart.

Then December seventh and weeks of tense uncertainty ending in black grief. Her brother had been lost in action. All thought of future security vanished in the consuming need for active participation.

Now her best friend was going as chief nurse in their hospital unit. But Amy was turned down.

"I can reduce," she had urged.

"Perhaps," the doctor had said doubtfully. "Take off 95 pounds gradually and come back. You say you've been doing private duty. On one case for six years? We're choosing institutional nurses where possible, as they have kept in touch with the latest developments. Frankly Miss Holbrook, we need nurses who can take it. You'd better give up any idea of foreign service."



"The medals as recommended by General MacArthur will now be presented the following..."

The pudgy hand reached out and switched off the radio. Then it dropped to the open box and picked up a chocolate cream. As Amy's lips closed over it her eyelids were tightly shut, and on the short, fair lashes tears glistened.

"... as Esau, who for one morsel of meat sold his birthright; for ye know how that afterward when he would have inherited the blessing he was rejected; for he found no place of repentance, though he sought it carefully with tears."
—Hebrews 12:16.



Vitamins for His Royal Highness

Children are entitled to every advantage that medical science can give them toward the creation and maintenance of robust health. Vi-Penta Drops, the Roche "easy-to-take" vitamin preparation, offers a definite advantage in vitamin medication for infants and children who cannot or will not take capsules. Vi-Penta Drops contain generous quantities of vitamins A, B₁, B₂, C and D, and may be added to milk, cereals and other foods without affecting the flavor or being detected. The Vi-Penta preparations (Drops and Perles) are not advertised to the laity. HOFFMANN-LA ROCHE, INC., ROCHE PARK, NUTLEY, N. J.

VI-PENTA DROPS 'ROCHE'

Obstetrics in Wartime

[Continued from page 19]

wise-affected by the medication and follow-up showed that the menstrual periods returned to normal. Studies continue to investigate whether or not there is any effect on subsequent menstrual cycles.

This same androgen has been used to suppress the menses and uterine hemorrhage and is useful in various forms of excessive bleeding such as fibroids, metropathia hemorrhagica, and certain cases of anemia. It is less potent than testosterone propionate in its production of masculine features in females but must nevertheless be watched carefully for signs of hypertrichosis, acne, enlargement of the clitoris, and deepening of the voice.

Vitamins and pregnancy.—Many reports have been made of the value of vitamin therapy in pregnancy. Avitaminosis E undoubtedly does have a bearing on conception but it has not been generally accepted in treatment of habitual abortion. This may have some effect upon women living under war conditions where the food problem has become acute. A reasonably balanced diet plus proper preparation of foods should overcome this deficiency. It must also be kept in mind that vitamin requirements are vastly increased during pregnancy. When a food problem ex-

ists this can be met by supplementary administration of vitamin preparations. When, during the puerperium, infections such as breast abscess or respiratory diseases are present increased vitamin intake may be of benefit.

During lactation, especially if the child is breast fed, an ample diet with possible vitamin administration is very necessary. The infant's vitamin stores must be replenished and the mother aided in recovery. If the child is artificially fed this need must also be met.

Emergency kit.—A light fibre board carrying case designed by the Maternity Center Association has gone to England with the Harvard Unit of the Red Cross. For the mother who must be delivered without roof, bed, or furniture this compact kit has been devised for maximum comfort under the most trying conditions. The two sections form a table and when the baby has arrived it serves as a bed. If the baby is premature, as is often the case in these conditions, holes may be punched in the top and a hot water bottle placed inside to make a temporary incubator.

This kit contains supplies for the mother, baby clothes, blankets, a Sterno stove, a thermos bottle filled with distilled water, a flashlight, a chemical hot water bottle and a tube of bouillon for the mother. It weighs twenty pounds, is waterproof and costs \$20. It is hoped

TRY
LAVORIS

For the Children

The flavor and action please them

Children will easily learn to gargle with Lavoris

Doctors know the advantages of S-M-A* for infant feeding

AN EASY · PRACTICAL WAY TO INSURE Excellent Nutritional Results

Prescribe S-M-A



THIS IS HOW S-M-A IS PREPARED

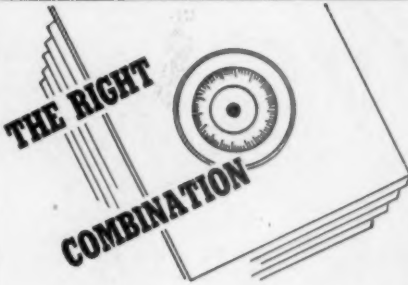
1. Empty one tightly packed measuring cup of S-M-A Powder into bottle
2. Add enough warm, previously boiled water to make one ounce.
3. Cap bottle and shake into solution. Feed at body temperature.

*The answer
To Your Infant
Feeding Problem!*



*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

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In a laxative, the right combination of constituents should provide a natural type bowel movement within a reasonably definite period of time.

TAXOL Tablets contain the right combination of effective ingredients. Each constituent serves a specific purpose toward producing a comfortable evacuation within 6 to 12 hours without causing griping, cramps or nausea. TAXOL Tablets are enteric coated to permit action only in the intestine.

Each TAXOL Tablet contains aloes 2/5 gr., bile extract 1 gr., desiccated pancreas and duodenum 3/4 gr., extract of hyoscyamus 1/13 gr. (to check griping) with agar-agar as a chemical binder.

The average dose is 1 to 6 tablets best taken before retiring. Supplied at all prescription pharmacies in bottles of 50 tablets.

A strictly ethical product, TAXOL has never been advertised to the lay public.

Complimentary samples of TAXOL Tablets available to registered nurses for their personal use.

TAXOL

*The Right Laxative
Combination*

LOBICA, INC.

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NEW YORK, N. Y.

that the tests in England will prove its worth. A great deal of interest has been shown in this equipment both for comfort and care of the mother and new baby, and also efficient working material for the nurse. More and more the nurse is taking over this type of emergency and while she is capable of a good bit of devising, every effort is being made to aid her in this important work.

War brings its problems. So will the peace. It has been suggested that an increased birthrate will be one result. This will present an enlarged field to the nurse, for pre and postnatal care are of prime importance. The movement for better care, healthier mothers, and happier babies is really new. The nurse's share is of vital importance. As all branches of obstetrical service grow, so too will the nurse's opportunities and responsibilities.

Health Briefs

BY LEONHARD FELIX FULD, PH.D.
Health Director, Medical Center,
Jersey City, New Jersey

Whenever a nurse who is stricken with tuberculosis has more than a minimal lesion, her hospital has failed to do its full duty in protecting her health.

Hospitals that refuse to immunize their nurses against scarlet fever because of their fear of serious reactions are ignorant of the successful use of attenuated doses to obviate reactions.

The incidence of upper respiratory infections in nurses can be materially decreased by insistence on a tonsillectomy.

MORALE ENEMY No. 1... AT WORK

INSOMNIA UNDERMINES STAMINA

INSOMNIA, an insidious enemy of morale, may be attacked therapeutically by an attempt to remove its main source of nourishment—*anxiety*.

During these critical days, however, this approach is frequently ~~the most difficult~~ and unrewarding. On the other hand, sound, refreshing sleep may be readily induced in the majority of patients by means of 'Delvinal' Sodium vinbarbital sodium.

'DELVINAL' SODIUM provides a *smooth* transition from wakefulness to restful sleep. The familiar "drugged" sensation during induction, or "hangover" afterwards, is rarely experienced. Experimental evidence and wide clinical experience have shown that 'Delvinal' Sodium is a highly efficient sedative and hypnotic with a safe therapeutic index, a moderate duration of action, and an exceptionally low incidence of side-effects.

'Delvinal' Sodium is indicated for the relief of functional insomnia and various psychiatric conditions, as well as for preoperative sedation, preanesthetic hypnosis, and obstetric sedation and amnesia.

'Delvinal' Sodium is supplied in three strengths: $\frac{1}{2}$, $1\frac{1}{2}$, and 3 grains.

DELVINAL' SODIUM

VINBARBITAL SODIUM

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A small part of the Biggest Job in the World!

With emphasis today on conservation of all materials, there's more reason than ever for you to use **GRIFFIN ALLWITE**—

Because shoes cleaned regularly with **GRIFFIN ALLWITE** keep new-looking longer, you wear them longer. The neutral ingredients of **GRIFFIN ALLWITE** are absolutely safe for all white shoes, leather or fabric.

Why take chances with just any white shoe cleaner, when the known quality of **GRIFFIN ALLWITE** costs no more?



Bottles, Tubes, and
Jars
10¢ and 25¢ sizes

GRIFFIN ALLWITE

Cleans as it whitens

Emergency Unlimited

[Continued from page 21]

cohol!" We rushed around and pumped Phil drier than the Sahara.

When the job was finished and the patient resting uncomfortably the doctor said, "Have you any of that stuff you drank? I'd like to take a look at the bottle."

"It's out in the car," volunteered the relative, and did a nose dive after it. The doctor smiled when he saw it.

"Nothing poisonous about that," he said.

"Well, I'll be—" said Phil weakly from his bed of pain. "All that agony for nothing." We murmured something about reading the label three times as Phil tottered off into the night, the attentive relative grinning beside him.

Then there are the voluntary drownees, some of whom aren't at all happy about finding themselves tucked in their downies instead of on a cloud, twanging a harp. Ditto the imitators of Steve Brodie who fly through the air with the greatest of ease from some of the city's best bridges. You use up all your best nursing skill and plenty of energy, and the patient barks, "Why'nt you mind your business and let me mind mine?"

Summer, however, is when the kids really come into their own. While their parents are growing gray and haggard in two short months, the lads and lassies are swaggering in iodine and plaster casts. I doubt whether there is one unbattered child in the whole town. Like the kids after the Pied Piper, they seem to stretch in an unbroken line, although "unbroken" is hardly the word.

Bobby and Betty scam over to the playground, for instance.

"They're off the street and safe there," Mommy says happily. They are off the street. . .

Half an hour later Bobby is carried into the Emergency Room with a broken leg. "He was showing off, in a swing," Betty explains laconically.

When you can't see your dentist
..KNOW THE BEST WAY
TO RELIEVE A
TOOTHACHE?



That's easy—use POLORIS, of course. For over 30 years the dental profession has prescribed POLORIS for toothache, discomfort after tooth extraction and other emergency dental pain.

Dental pain is usually a local condition caused by congestion and poor circulation, and calls for special local treatment—POLORIS.

POLORIS is actually a Dental Poultice, easily applied between cheek and gums. POLORIS' counter-irri-

tant action stimulates circulation and promptly relieves the congestion which causes painful discomfort. Unlike analgesic Tablets and Powders, POLORIS works *locally* not *systemically*. It won't help a cold or cure a headache. POLORIS is designed solely to give prompt, safe, effective relief to anyone suffering from agonizing dental pain.

For FREE SUPPLY of POLORIS Dental Poultices write to:
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12 High Street, Jersey City, N. J.

RECOMMENDED BY OVER 40,000 DENTISTS



POLORIS
DENTAL POULTICE

WHAT POLORIS IS

POLORIS is a scientifically proven dental aid that acts on the medically accepted principle of counter-irritation. Its formula appears on every package. POLORIS has never been advertised to the general public. Its entire business has been built through close cooperation with the dental profession.

NURSES' NOTES

"I have used the ALKALOL you sent me, in nasal congestion and found much relief."

"I was troubled with an allergic conjunctivitis, and ALKALOL gave spectacular and immediate relief."

"I would recommend ALKALOL to anyone who wants results."

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while Bobby glares, even with the pain.

"Shut up. I was not," he answers. Then, with the matter-of-factness of a slum child, "Cheese, the Old Man will give it to me when I get home. We can't afford no swell hospitals."

Next in line is the vast horde of scientists-in-the-bud who swallow everything from open safety pins to cribbage pegs, just to see what will happen. Then come the dreamy dimwits who put beans up their noses. And the adventurers who swim in the rivers and get either (a) half drowned, or (b) a severe case of sunburn, or (c) a heat stroke. Not to mention the bees-and-birds explorers who go off for a day in the country and come home with everything from digestive upsets and lacerated knees to insect bites and ivy poisoning.

Occasionally, too, some one like young Jimmy Brewster turns up. Jimmy has a mongrel dog named Hobo that gets into almost as much trouble as Jimmy does—and that's plenty. Well, last week Hobo ducked a northbound truck but not the southbound one, and one leg was hanging limp when Jimmy brought him in to us. It was a blistering day, and the superintendent, who happened to be passing through the Emergency Room on his tour of inspection, wasn't in a good temper.

"This isn't a dog hospital," he said. "Get that flea-bitten mutt out of here, quick." He went out one door, and Jimmy, crestfallen, started slowly out the other.

"Jimmy—wait," whispered one of the internes, and he bundled boy and dog into the next room. The orderly stood guard at the door while the interne and I patched Hobo up and whisked him outside the sacred gates again. Do I nominate that interne for the Hall of Fame!

Maybe there are thrills and excitement in emergency duty, but for my money it's one of the toughest assign-

[Turn the page]

* UNGUENTINE

—A USEFUL SURGICAL DRESSING

1. **UNGUENTINE** conforms to the modern concept of a useful antiseptic surgical dressing—neither dry nor wet—adaptable to sustained contact with the injured area.
2. **UNGUENTINE** is antiseptic and germicidal even in the presence of serum and other organic matter, yet is non-toxic and non-irritating.
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Sample free to nurses on request

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ments a nurse can have wished on her.

You start the day with joy in your heart, faith in humanity, and a spic-and-span, starched white uniform. Patient No. 1 comes in dripping with gore, and in a trice you look like the American flag in technicolor, even to the blue field. That "All's right with the world" feeling begins to evaporate like ether. Patient No. 2 has a "nervous stomach" that goes berserk under any emotional strain, and by the time you've steadied his head over a kidney-basin, your uniform is a thing of the past.

One of these days I'm going to design an Emergency Room outfit—an ankle-length tunic made of oilskin or cellophane, with nice little white rubber boots, and a red tin helmet!

A major disadvantage in Emergency Room work, along with the lesser hazards, is the strain on matrimonial prospects. Could *you* fall for a patient with two black eyes and a bloody nose, or worse? And do you think he is interested in your feather-bob and rosebud mouth when he is wondering, between groans, why the blankety-blank he didn't have sense enough to renew the insurance on the jalopy?

Still, all types of duty are part of the total picture, as you hear so often at the meetings. And when better accidents happen, there'll be nurses eager to wade in and take care of them.

Exercise for Health

[Continued from page 23]

without exertion. Remember to keep body erect while lifting and lowering.

EXERCISE 3

Lie flat on the floor, face down, arms stretched forward with the palms down. Lift arms up off the floor until hands are about six inches up, arms straight. Swing the arms sideways and then back. At the same time, lift the chest up off the floor as far as possible. Hold in this raised position for a count of five. Slowly bring arms forward and chest down to starting position. Repeat five times. Increase daily until you can do this exercise ten to fifteen times without undue exertion.

You'll feel these exercises the first few times. That's why they are good. Later you will like them. And you'll look, work and feel better because of them. Your nursing job, no matter how tough, will be made better and easier, too.

[Mr. Reilly, founder of the famous Reilly Health Service in Rockefeller Center, New York, has many nurses among his clients, knows first hand their exercise needs. He is the author of "The Secret of Better Health," and health adviser to celebrities with figure problems as widely different as those of Bob Hope and Gypsy Rose Lee.—THE EDITORS.]

... To Help You Keep Up-to-Date-



LINDE OXYGEN U. S. P.

• Linde maintains a library of reprints of up-to-date articles on the clinical and mechanical aspects of oxygen therapy. In addition, the Linde "Handbook" describes accepted practices for operating currently used types of oxygen therapy apparatus. Ask for a list of available literature.

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**How white, how bright, can a white shoe be?
Use Energine Shoe White—then you'll see!**



**It doesn't streak, it doesn't smear—
You'll stare, you'll be amazed, you'll cheer!**



**Your white shoe headaches will have passed.
Get Energine Shoe White—and get it fast!**

**Bright white all through the bottle—that's
Energine Shoe White. It's made with the whit-
est white pigment obtainable. And it's an
emulsion—it never separates. Get the big thrifty
bottle today.**

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R. N. KEY TAG

● Here's a handsome identification tag for your personal keys—and a free insurance plan to protect you from losing them permanently.

As a service to its readers, R.N. has designed the personal key tag shown in the illustration. You purchase the tag—and your keys become permanently registered in our editorial offices *free of charge*.

Although metal and manufacturing costs have gone up 50 per cent—and promise to go higher, we are still offering the R.N. key tags at our original price of 25 cents each. Our supply is limited, however, so if you have not yet purchased a personal key tag, send in your order now before it becomes impossible for us to supply them.

The tag is attractively embossed on silver-finished metal. On its reverse side is your personal identification number—and instructions requesting the finder to return the keys to our offices in Rutherford. Lost keys will be forwarded immediately to the owner without cost.

Key Insurance Editor

R.N.—A JOURNAL FOR NURSES

Rutherford, N.J.

CALLING ALL NURSES...

ELLA LOWERY STANNARD: Please get in touch with me on a matter of importance to yourself. Anna Stiefel, 25-59 44th St., Long Island City, N.Y.

ALL NURSES: I am anxious to buy a used copy of "Clinical Atlas of Blood Diseases," by Piney & Wyard, Third Edition, 1935, published by Blakiston's Sons & Co., Philadelphia. Have any of you a copy you'd like to dispose of at a profit? Audrey Davies, c/o R.N.—A JOURNAL FOR NURSES, Rutherford, N.J.

BEA BETHEL MALLON: (Sioux City, Ia.) Your wedding announcement sent from San Mateo is the last word I've had from you, and you did not send your address. Please write! Zylpha Berlier, 1415 W. 51st St., Los Angeles, Calif.

ETHEL LYNN: (Knickerbocker Hospital, New York City.) Will anyone who has Ethel's address please notify me? Bonnie Kirby, Gladewater Hospital, Gladewater, Texas.

MARGARET LOUISA GILLIS: (Bishop Johnson College of Nursing, Los Angeles, 1933.) Do write and let me know what you are doing. Helen Sparks, 1323 North-east 13th St., Oklahoma City, Okla.

HELEN LACEY: (Borgess Hospital, Kalamazoo.) The last time I heard from Helen she was nursing at Owosso Memorial Hospital. That must have been ten or more years ago. Can anyone help me locate her? Doris Gooder Knauss, 2819 Whittier Drive, Kalamazoo, Mich.

For Relief of Simple Constipation —

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In cases of simple constipation, some laxatives may prove too strong. Others may be too mild. But there is one laxative which hits a "happy medium." And that's... Ex-Lax! Ex-Lax is thoroughly effective—yet effective in a gentle way. It won't weaken or upset you. It won't make you feel bad afterwards. Ex-Lax is

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and other skin disorders

The burden of the patient with eczema, psoriasis or other skin disorders is not an easy one to bear. His mind is apt to be as much on his discomfort as on his daily work.

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One more way you can help new mothers — tell them how to take the drudgery out of diaper care!

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FREE — Please send me a whole day's supply of Dennison Diaper Liners.

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AS MAINE GOES . . .

● Last year 396,214 people were taught home nursing and the goal of 500,000 is well within reach. The State of Maine holds the record, having issued 9,675 certificates in the fiscal year!

National headquarters of the American Red Cross recommends a "pat on the back" for the patriotic nurses who have volunteered their time as instructors in home nursing. Last Spring 15,000 instructors were requested and by the end of July, 31,000 had responded and had been authorized to teach. (Nineteen thousand of these have already taught classes.) Of this number, more than 60 per cent were inactive nurses who came out of retirement. Many who were unable to leave their homes and families for any length of time, saw in home nursing an opportunity to serve their country. Pearl Harbor was the great impetus. Before December 7th there were 570 home nursing classes; there are approximately 4,000 classes now!

Optimistic as the report seems, the job is not yet done. Only 65 per cent of the Red Cross chapters have home nursing classes. The Red Cross objective is to have classes taught in every chapter and to have one person who has completed the home nursing course in every home where it is practicable.

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Half-Clean Skins



First, wash skin thoroughly in warm water and the creamy, snow-white lather of Sayman Vegetable Wonder Soap, massaging briskly. Rinse well with clear warm water and pat until dry. Then apply medicated Sayman Salve and leave on overnight. Next morning, repeat cleansing of the skin with warm water and Sayman Soap... then gently press out loosened blackheads with pad of cotton or tissue. To aid in closing pores, rub skin with ice or pat with ice-cold water.

Used twice a week or oftener, this treatment will help to keep the skin thoroughly clean... an important requirement in the control of ugly surface blackheads and other externally-caused skin blemishes.

SEPT.—R.N.—1942

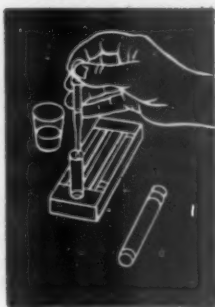
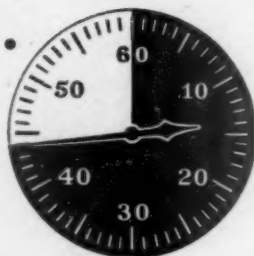
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The New Tablet Method

INVOLVES 3 SIMPLE STEPS—



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5 drops urine
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3

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and compare with
color scale

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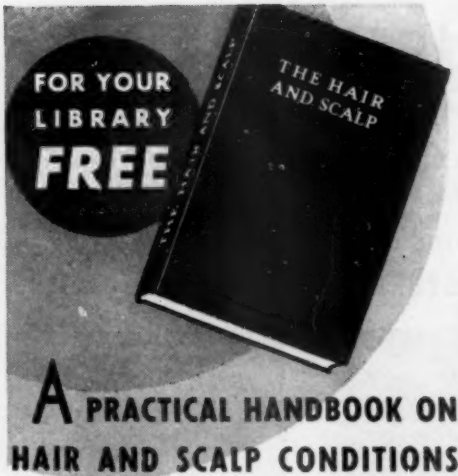
Complete set (with tablets for 50 tests) costs patient only \$1.25. Tablet Refill (for 75 tests)—\$1.25.

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NURSES OF THE R.A.F.

● The British Auxiliary Air Force, known as the WAAFS, are now building up a separate unit under their wing—the flying nurses. Before long these girls will "man" every air ambulance in the country. They are distinguished from their colleagues of the WAAF by their badge of a staff and serpent, the R.A.F. medical insignia.

Apart from their routine nursing instruction the girls have a two-weeks' course of air tests, having to fly in various types of aircraft and have their reactions tested. Some are grounded for good because of habitual air-sickness or nervous disturbance, but it is generally admitted that women make better air nurses than men.

The crew of an average air ambulance consists of a pilot, an observer, and a WAAF nurse orderly. The orderly's job is to sit at the head of the patient within reach of the oxygen apparatus. She carries a flask of water and another of warm milk. Within reach is a hypodermic syringe to relieve pain. The medical officer meets the air ambulance on landing, but the responsibility while airborne is with the flying nurse.



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THE
PERPENDICULAR
PRONOUN**

The single letter word "I"! Ask yourself, "Have I made the progress I expected to make by 1942?" "Has it been my fault or the matter of circumstances?" If you have the ability and perseverance to forge ahead why not put your problem up to Ann Ridley Woodward? Her wealth of experience and nation-wide contacts have helped many an RN achieve her belated goal . . . or arrive at her objective ahead of schedule. Why not write Ann Ridley Woodward, let her help you?

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"The rate and type of physical growth depend on a number of factors... But the most controllable factor...over growth and health is nutrition."*

Because it offers sound basic nutrition, Horlick's Fortified is valuable as a supplementary food for the pre-school or school child, providing elements needed to satisfy the heavy demands of growth and energy expenditure.

HORLICK'S FORTIFIED

Prepare—with water—or with milk. Convenient—palatable—easily digested.

Protective—Enriched with Vitamins A, B₁, D and G.

Partially predigested, quickly assimilated, homogenized, Horlick's is ideal for between-meals' and at-meals' nourishment.

Growing children who do not like or tire of plain cow's milk often take readily to Horlick's.

Recommend
HORLICK'S
The Complete Malted Milk—Not Just a Malt Flavoring for Milk.

*Jeans, P. C.; Nebr. S. M. J., "Newer Developments in Child Nutrition": 24:92-93, Mar. 1939

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**Low FIRST
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Your good taste seeks smart styling and your thrifty mind demands quality. So here are both. And you may treat yourself to the luxury of this distinctive on-duty attire without extravagance.

Along with the modern fashion trend that rivals the "swank" of your street dresses, you have a choice of specially selected durable fabrics that launder beautifully... and easily... to hold their fresh crispness through long wear. You will also enjoy the features of comfort and convenience for free movement and easy reaching.

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IN REVIEW

A QUICK GUIDE TO CURRENT BOOKS
OF INTEREST TO NURSES



FOOD AND BEVERAGE ANALYSES

Milton Arlanden Bridges, B.S., M.D. and
Marjorie R. Mattice, A.B., M.S. \$4.00.
(Second edition.) Lea and Febiger, Philadelphia, Pa.

● This completely revised and considerably enlarged edition of Bridges' original work has added value to the nurse, dietitian, medical student and science worker by its new data and tables. The familiar and complete Table of Nutritive and Caloric Values of Foods has been made more compact, but is nevertheless just as informative. Newer tables include pH values of both common and uncommon foods, fiber content, and data on some of the lesser known food factors. It is a handy reference book for anyone who must prepare scientific diets or whose interests lie in the science of nutrition. Professor Mattice has accomplished a masterful tribute to the late Dr. Bridges. V.A.L.

TEXTBOOK ON RED CROSS HOME NURSING

Lona L. Trott, R.N., B.S. 60c. The Blakiston Co., Philadelphia, Pa.

● A new textbook on Red Cross home nursing, written in a simple style yet bearing the stamp of approval of authorities in the fields of nursing, medicine, and public health was published in July. Two million copies have been ordered by the Red Cross Nursing Service, to be furnished to the thousands of homemakers in Red Cross home nursing classes throughout the country.

The new edition takes the place of the fourth edition, called the "American Red Cross Text Book on Home Hygiene and Care of the Sick." It was written originally in 1913 by Jane A. Delano and Isabel McIsaac and although the purpose—to help homemakers and potential homemakers meet personal and family health problems in their own homes—remains the same, the book has been entirely re-

HAWAII STILL SENDS ITS FINEST

Hawaii, in spite of being in what might be called a war zone, under martial law, with all its problems of transportation, labor, and nightly blackouts, still produces the world's finest pineapples.

There has been no report of war damage to the plantations or the cannery of the Hawaiian Pineapple Company.

Dole growing and canning operations are scheduled at the maximum level consistent with offensive and defensive war plans in the Islands.

If the Pacific situation does not change materially, it is expected that the movement of the 1942 pack to the mainland will not be a great problem. Grocers, however, may receive the new pack later than normally because of the necessity of first providing for government requirements.

The government's request for the armed forces will take about one out of every three cans of Hawaiian pineapple and about one out of every five cans of Hawaiian pineapple juice. This,

plus the influence of an early season drought on the 1942 pack, means that the amount of Hawaiian pineapple available for mainland consumption will be materially reduced this year.

The Hawaiian Pineapple Company will make every attempt to secure a just and equitable distribution of all Dole Pineapple and Dole Pineapple Juice available to the mainland.

The nutritional influence of Hawaiian pineapple products will continue to be emphasized in Dole advertising in national magazines. The vitamin B₁ and vitamin C content are such that the products are rated a "good to excellent" source. Advertising carries the Seal of Acceptance of the Council on Foods and Nutrition of the American Medical Association.

written and brought up to date by Lona Trott, assistant director, health education, Red Cross Nursing Service.

The new book is bound in the familiar gray cover with modern trimmings of red and is divided into four sections: Health and Happiness in Home Life; How the Community Protects the Health of Home and Family; How to Take Care of Mother and Baby, and What to Do When Sickness Invades the Home. The book, which has been reduced in price, is illustrated with about 100 pictures and drawings, many of them helpful in explaining home nursing procedures. It may be procured from any Red Cross Chapter.

SONGS OF THE NIGHTINGALE

An anthology of poetry by nurses. \$3.00. (Second series.) Harbinger House, New York, N.Y.

• Similar in quality to Series I, published a little over a year ago under the same title, this anthology of nurses' poetry is made timely by the inclusion of war poems. Some, like those of the first and second prize winners, Genevieve Goff and Ruth Piercy, is excellent in thought and imagery; others lean toward the bombastic.

Hospital themes are still most prevalent although the poet's trilogy—love, nature, and death—are not neglected.

It is regrettable that the makeup of the book does not do justice to much of the subject matter. There is no apparent attempt to group in any logical order poets or types of poetry. Biographical material frequently carries over from the bottom of a page to the top of another, giving a sloppy, thrown-together effect. An improvement over the first edition, however,

is the alphabetical index to authors. Nurses who liked last year's volume will also appreciate the fact that the new anthology contains almost twice as many poems.—D.W.

FOOD 'N' FUN FOR THE INVALID

Florence La Ganke Harris and Dorothy Abigail Ridler. \$2.00. M. Barrows and Company, Inc., New York, N.Y.

• Orchids to the home economist and dietitian who have successfully presented the joy of food even in the not-so-funny field of invalid cookery. Recipes are simple, appetizing and complete. The chapter "Nutritional Facts and Figures" contains clear cut discussions of the newer facts of nutrition. The most common types of therapeutic diet are discussed and special instructions given for the diabetic, allergic, overweight, and many others. The second part of the book contains every type of amusement for the invalid from crossword puzzles to tricky problems in arithmetic. The gay, informal presentation which never sacrifices authentic facts of nutrition should be welcomed by nurse and patient alike. V.A.L.

• French nurses of the 1600's were among the first women to wear bobbed hair and bobbed skirts. Hair and skirts got in their way too often. Part of the resulting bad moral reputation of nurses was due to these shortened skirts.

• Because of the exceptional filth of most German hospitals in the 1600's, nurses wore shoes with one-inch tall wooden soles. In 1633 the nurses of a Nuremburg hospital threatened to go on strike unless the authorities supplied the shoes henceforth, which cost about \$5 per pair.



SPECIALIZATION CLINICAL LABORATORY TECHNIQUE

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M. BURNEICE LARSON, *Director*

Good news! Housewives who left hospital corridors years ago to say their "I do's" are pouring over present state board requirements. Soon they will be starching their little white caps again—preparatory to active hospital service.

Are you one of them? Or are you among the RN's desiring to re-locate now that your family is establishing itself in another part of the country? Then you'll be vitally interested in one of our surveys of available nursing opportunities. A survey includes pages of thumb-nail descriptions of hospitals where nurses are needed—bits of information about communities—outlines of duties involved, salaries! Openings described will be suited to your talents and preferences.

A comprehensive questionnaire will cover all necessary information—may we send you one? A postcard request for the RN registration form (plus your name and address) will bring one to you by return mail.

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Director, THE MEDICAL BUREAU
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Cream Deodorant
safely
Stops Perspiration



1. Does not harm dresses—does not irritate skin.
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Your choice, too, if you try it once, and see how smartly it drapes, how beautifully it launders, and how long it wears. Progar Poplin is woven specially for uniform wear. Specify Progar—whether you buy from manufacturer or dealer. Send for sample swatch. Address, Kendall Mills, Division of The Kendall Company, Walpole, Mass.

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Relieves nasal congestion promptly and pleasantly.

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Please send me complimentary samples of EFEDRON Hart Nasal Jelly.

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The Magic in Milk

[Continued from page 31]

Many products advertise the presence of milk minerals such as calcium and phosphorus or riboflavin values. They may have added whey powder which is used rather widely as a reinforcement agent. This light cream-colored powder is soluble in water and may be used in such foods as creamed soups, gravies, bread, muffins, cakes and candies. Sometimes it is in chocolate milk, fruit or vegetable juices, or carbonated water. It may be sprinkled in the dry state over cereals, or taken dry.

Wafers of the whey protein plus calcium and vitamin D are being used for the treatment of calcium deficiencies. Not being satisfied with normal amounts of vitamins in the whey it is now possible to get a product that contains concentrated amounts of vitamins B₁, B₂ and B₆. This is done by using a special lactose fermenting yeast which converts the milk sugar into volatile products which can be removed. In place of the lactose there remains a quantity of yeast cells which are rich in these B-vitamins. This forms an ideal food supplement, and, because of its low carbohydrate content has possibilities for use in diabetic foods.

In the baking field the milk solids are most important. From the baker's viewpoint the doughs containing milk are more stable and the bread has better flavor and keeping qualities. From the dietetic angle the use of concentrated milk or dry milk powder gives an opportunity to increase the percentage of nutrients. Plain white bread normally contains a calcium-phosphorus ratio that is overbalanced. Adding milk increases calcium content so that the ratio most nearly approaches the desired figure. Milk proteins are about 95 per cent digestible and are of high biological value. Due to the supplementing value of the amino acids of the milk the

SEPT.—R.N.—1942

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MINIT-RUB and gentle massage act below the skin through reflex action to stimulate impeded circulation. Quick work by MINIT-RUB—counterirritant, analgesic, decongestant—brings soothing, warming and refreshing relief to injured areas. Improvement of blood and lymph flow helps nature's healing task. MINIT-RUB is clean, convenient and economical. Valuable in simple muscular and nerve aches. Relieves certain discomforts of uncomplicated colds such as surface pain in back and chest and the "tightness" due to congestion.

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cereal proteins are better utilized. Food authorities recognize the value of adding milk to bread mixes. Not only does it provide added energy, but the essential food factors are provided.

So, again the scientists have selected milk as their special problem. They have solved the question of a safe milk supply. Now, with modern trends and modern methods any number of new products are appearing almost daily, for we are learning to make new use of our natural resources. Wood turns into glass, potatoes into high explosives, and wine into fuel. But, the potential value of milk and its component parts is not a finished story. Our modern Aladdins have rubbed the milk bottle and the genie has appeared. What more we can expect is a story for the future.

● Women were so loath to serve in Russia's hospitals in the 16th and 17th Centuries that the government decreed pardons for criminals who would volunteer for this sort of work.

IT TAKES ONLY
15 Minutes
TO END
PEDICULOSIS
WITH
CUPREX

Destroys the nits as well as the lice

A PRODUCT OF MERCK & CO. INC., RAHWAY, N. J.
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Literature on request.



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. . . for **SYRINGE ECONOMY**

Perhaps you've never heard that over 50% of the total all-glass syringe breakage occurs at the tip. Yet it's a fact—and it's one good reason why so many doctors and nurses are insisting on Luer-Lok Syringes with metal, locking* tips.

By eliminating 50% of syringe breakage, they avoid half of their usual replacement costs.

If Luer-Lok Syringes cost twice as much as good all-glass syringes you might still buy them for the extra feature of needle security. Yet they are the same price as Yale all-glass syringes which means a clear saving of 50%.

If you have used Luer-Lok Syringes, you doubtless appreciate their convenience and economy. If not, a short trial will prove it to your satisfaction.

**B-D Needles lock-on with a half-turn.*

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Made for the Profession

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DOCTOR—I'VE HAD A COMPLETE BREAKDOWN...
AND IT MADE ME FEEL SWELL!



AND LITTLE WONDER! For careful analytical breakdowns of Swan show that this new white floating soap meets the most exacting standards of purity and mildness.



You can safely recommend Swan for babies—for the most delicate skins—because Swan has no harmful alkalis, no free fatty acids, no coloring matter, no strong perfume. Your patients just can't buy a purer soap.

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proved Swan to be milder than the finest imported castiles.

But you'll find that Swan's virtues don't stop with purity and mildness. After all, Swan is the first really new white floating soap in over 50 years. It ought to be better than old-time floating soaps—and it is.

Swan suds faster than other floating soaps. Especially in hard water, you'll find it gives quicker, richer, longer-lasting suds. And—it's more real soap for the money than *any* leading toilet soap.

Try Swan. Try it for both home and professional use. We think that you, your family and your patients will find it the finest all-'round soap you ever used.

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Positions available

Want a job? You may find it listed on these pages. To apply, write a separate application for each opening and address each one to the correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N. J. R.N. does not conduct an employment service. It merely forwards your inquiries to placement bureaus and individual employers. Send no money with application. Bureaus requiring a fee will bill you. ANSWER JOB ADVERTISEMENTS PROMPTLY!

ADMINISTRATOR: Chicago area. Candidate will have full charge of modern, well-equipped, 25-bed hospital. Interesting working conditions; cooperative staff; good clientele. Salary open. (Placement bureau charges \$2 registration fee.) Box C932.

ADMINISTRATOR: East. Nurse-administrator needed for 140-bed general hospital with school of nursing, University city. Salary open but worth while. (Placement bureau charges \$2 registration fee.) Box MB9-1.

ADMINISTRATOR: Texas. Opening in small, general, 30-bed hospital. Experience in giving anesthetics desirable. Salary, \$250; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-2.

ANESTHETIST: California. General 200-bed hospital needs experienced anesthetist. Salary, \$160; meals, laundry. (Placement bureau charges \$2 registration fee.) Box MB9-3.

ANESTHETIST: Maryland. Opening in well-rated hospital near Baltimore for competent candidate. Starting salary, \$150; full maintenance. (Placement bureau charges \$2 registration fee.) Box C933.

ANESTHETIST: New England. Position in 300-bed hospital with university affiliations. Experienced person required. Salary, \$125-\$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-4.

ASSISTANT SUPERINTENDENT OF NURSES: New England. Immediate opening in approved 500-bed hospital. Degree required. Salary, \$1800. (Placement bureau charges \$2 registration fee.) Box MB9-5.

DIETITIAN: Midwest. Education dietitian required for teaching hospital of 600 beds. Extensive experience desirable. (Placement bureau charges \$2 registration fee.) Box MB9-6.

DIRECTOR OF NURSES: East. Opening in fully-approved 175-bed hospital located in large industrial city; sixty students in school of nursing. Degree required. Salary, \$200; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-7.

DIRECTOR OF NURSES: Pennsylvania. Interesting opportunity in 200-bed general institution. Degree. Salary, \$2,000; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-8.

DIRECTOR OF NURSES: South. Opening in hospital affiliated with medical school. Interesting location. College degree required. Salary, \$150; full maintenance. (Placement bureau charges \$2 registration fee.) Box C936.

EDUCATIONAL DIRECTOR: New York City area. Opening in fully-approved hospital. Candidate must teach all sciences and allied subjects. Salary, \$150 monthly; ten-month basis. (Placement bureau charges \$2 registration fee.) Box C937.

GENERAL DUTY NURSE: Arizona. Staff nurse required for small, 35-bed hospital; Eight-hour duty. Salary, \$100, complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-9.

GENERAL DUTY NURSE: California. Vacancy in 50-bed hospital located inland. Salary, \$100; full maintenance. (Placement bureau charges \$2 registration fee.) Box C939.

GENERAL DUTY NURSE: Utah. Position available in growing hospital. Obstetrical or surgical ability desirable. Starting salary, \$95; full maintenance. (Placement bureau charges \$2 registration fee.) Box C938.

GENERAL DUTY NURSE: West. Opening in approved general hospital of 100 beds, located on West Coast. Salary, \$90; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-10.

INDUSTRIAL NURSE: East. Opening in large industrial plant. Candidate must be qualified in laboratory or X-ray work; act as charge nurse. Applicant under 35 years of age preferred. Salary open, will be worth while. (Placement bureau charges \$2 registration fee.) Box C940.

INDUSTRIAL NURSE: Midwest. Opening in ordinance plant now under construction. Large number of women to be employed. Plant hospital for emergency cases only. Forty-eight hour week. Salary open. (Placement bureau charges \$2 registration fee.) Box MB9-11.

INSTRUCTOR: East. Hospital of 200 beds has opening for educational director qualified to teach sciences and take charge of teaching program. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-12.

INSTRUCTOR, NURSING ARTS: East. Hospital near New York City. Opportunity for university attendance will be given. Degree and experience desirable. Salary, \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box C942.

INSTRUCTOR, SCIENCE: Ohio. Vacancy occurs in general hospital of 100 beds. Approved. Starting

salary, \$155. (Placement bureau charges \$2 registration fee.) Box MB9-14.

INSTRUCTOR, SCIENCE: South. Opening in well-rated institution treating private and charity cases. Pleasant city. Salary above average. (Placement bureau charges \$2 registration fee.) Box C949.

***ORTHOPEDIC NURSE:** California. For general duty in small convalescent home in beautiful country surroundings. Eight-hour day duty. Salary, \$85, with systematic increase if satisfactory; maintenance. Box CC9-42.

**Not listed by placement bureau.*

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THE PACIFIC COAST:

ANESTHETIST—(a) For 100-bed Catholic hospital, inland California; \$160, meals. (b) Second anesthetist, approved private hospital near Sacramento; \$135, maintenance. W41

GENERAL DUTY—(a) County hospital near Los Angeles; \$130. (b) Private hospital, pleasant residential section near San Francisco; \$130. (c) 100-bed clinic hospital, inland California; \$135. (d) Small private hospital near Los Angeles needs several general duty nurses; \$110, meals, laundry. (e) 35-bed private hospital in Arizona near air corps base; \$100, maintenance. (f) 125-bed tuberculosis sanatorium in mountains; \$105, maintenance. (g) Lumber company hospital, Northern California; \$115, maintenance. W42

OBSTETRICS—(a) 100-bed private hospital on San Francisco Bay; busy department; \$135. (b) Small Catholic hospital, inland California; \$110, meals. (c) Several for 100-bed private hospital near San Francisco; \$130. W43

SURGERY—(a) County hospital near Mexican Border; \$145, meals. (b) Private hospital near California university; \$125, meals, laundry. (c) 75-bed hospital, seaside resort town, Southern California; \$115, meals. (d) Two surgery nurses; 50-bed private hospital; California; \$110, maintenance W44

SUPERVISORS—(a) Night supervisor; 100-bed private hospital 100 miles from San Francisco; \$150. (b) Superintendent; small inland California city; must be responsible for obstetrics and surgery; \$150, maintenance. (c) Superintendent; 125-bed county tuberculosis institution, California mountains; \$150, maintenance. (d) Mining company hospital, Nevada, needs night supervisor; \$150, maintenance. (e) Obstetrical supervisor; 100-bed California hospital; \$145. W45

Business and Medical Registry

(Agency) Elsie Miller, Director
609 South Grand Avenue, Los Angeles, Calif.

PUBLIC HEALTH NURSE: Midwest. Supervisor for county health unit; Salary, \$1,860-\$2,200, with adequate travel allowance; salary increases based on merit system. (Placement bureau charges \$2 registration fee.) Box MB9-15.

RECORD LIBRARIAN: California. General hospital of 400 beds. Experience required. Salary, \$130 to \$150. (Placement bureau charges \$2 registration fee.) Box MB9-16.

SCHOOL NURSE: Illinois. Attractive opportunity near Chicago. Duties include part-time public health nursing. Salary, \$2,000 yearly, ten month basis. (Placement bureau charges \$2 registration fee.) Box C948.

STAFF NURSE: California. Opening in coastal hospital of 125 beds. Desirable location below San Francisco. Salary, \$130, yearly increase in salary assured. (Placement bureau charges \$2 registration fee.) Box C950.

SUPERINTENDENT OF NURSES: Midwest. Experienced nurse-executive required for 250-bed hospital. Salary, \$200; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-17.

SUPERINTENDENT OF NURSES: South. Vacancy in approved 150-bed hospital with 75 students enrolled in school of nursing. Minimum salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-18.

SUPERVISOR, ASSISTANT OPERATING ROOM: Pennsylvania. Opening in large, well-rated hospital near Philadelphia. Salary, \$110; full maintenance. (Placement bureau charges \$2 registration fee.) Box C934.

SUPERVISOR, CENTRAL SUPPLY ROOM: South. Opening on staff of 500-bed hospital; location offering many advantages. Starting salary, \$100; full maintenance. (Placement bureau charges \$2 registration fee.) Box C935.

SUPERVISOR, MEDICAL: Boston area. Opening in fully approved hospital with excellent accommodations. Candidate must be well-trained, experienced in clinical education. Starting salary open. (Placement bureau charges \$2 registration fee.) Box C941.

SUPERVISOR, NURSING OFFICE: New York. Duties administrative and supervisory, with time divided equally between day and evening duty. Forty-eight hour week. Hospital has 400 beds. Salary, \$175. (Placement bureau charges \$2 registration fee.) Box MB9-19.

SUPERVISOR, OBSTETRICAL: Midwest. Active department requires candidate with experience and college training. Eight hour duty; live out. Salary, \$175; laundry. (Placement bureau charges \$2 registration fee.) Box C943.

SUPERVISOR, OBSTETRICAL: South. Opening in large, city-county hospital, fully approved. Attractive location. Salary open, will be above average. (Placement bureau charges \$2 registration fee.) Box C944.

SUPERVISOR OPERATING ROOM: Exceptionally well-qualified applicant required, for department averaging 25 operations daily. Eight hour schedule, adequate assistance. Salary, \$150; full maintenance. (Placement bureau charges \$2 registration fee.) Box C945.

SUPERVISOR, OPERATING ROOM: South. Large university hospital requires candidate with special academic and professional experience. Starting salary, \$135; full maintenance. Increase after year's service. (Placement bureau charges \$2 registration fee.) Box C946.

SURGICAL NURSE: South. Opening in industrial hospital. Salary, \$125; full maintenance on five and one-half day weekly schedule. (Placement bureau charges \$2 registration fee.) Box C951.

SUPERVISOR, PEDIATRIC: Philadelphia area. Opening in department averaging 35 patients; duties include supervision, follow-up lectures, etc. Desirable location. Salary dependent upon qualifications. (Placement bureau charges \$2 registration fee.) Box C947.

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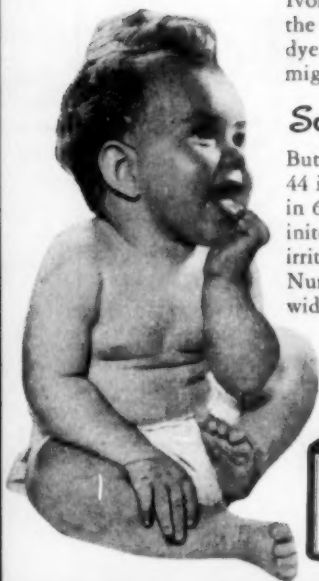
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